CHAPTER 12 — ELECTRONIC MEDIA REPORTING

1200 Getting Started with Electronic Media Reporting

ETF strongly encourages employers to report their ongoing transactions, including enrollments and annual WRS data, electronically. Electronic media reporting expedites processing and reduces the risk of human and data entry errors.

If you are planning to begin reporting electronically, call Dale Ferron at (608) 266-0728 to receive instructions on submitting test data on electronic media. Please allow 30 days for the test submission and subsequent approval process. Test data should be submitted at least three to five months prior to January yearend reporting for the previous year.

1201 Tape and Disk File Content Requirements

The file content must follow the data format specifications as stated in Subchapter 1205. Deviations from the prescribed formats will not be acceptable. Files with unrecognized data or critical errors will not be processed. Tapes will be returned for correction and diskette reporters will be asked to submit a corrected diskette.

Employers are responsible for keeping a copy of all files sent to ETF, so if a problem is encountered, the employer can correct and resubmit a new tape or diskette to ETF in a timely manner.

1202 Transmitting Electronic Media to ETF

An *Electronic Reporter Transmittal* (ET-2536) must accompany each tape or diskette submitted to ETF. See Subchapter 1206 for a sample. The agent must sign this report. Also, include the name and telephone number of the person responsible for the data on the tape or diskette. You can obtain a copy of this form by:

- Photocopying the form in Subchapter 1206.
- Printing a copy from our Internet site at http://badger.state.wi.us/agencies/etf.
- Calling ETF Supply and Mail Services at (608) 266-3302 to place an order.

Send the tape or diskette along with the *Electronic Reporter Transmittal* Report to:

> Wisconsin Department of Employe Trust Funds
> Division of Information Technology
> P.O. Box 7931
> Madison, WI 53707-7931

1203   Specifications for Tape Reporting

TAPE QUALIFIERS:
> 1600 or 6250 BPI
> ASCII or EBCDIC CODE
> Record Length of 360
> Blocked by 90
> IBM Standard Label — Internal and External labels <u>MUST</u> be the same!
> IBM Standard Label — Internal and External labels <u>MUST</u> be the same!
> Tape Cartridges, IBM 3480 compatible

FILE NAME:
> The data set name (DSN) is:
>> ETFP.WRS.ANCVXXXX. The XXXX is the first four digits of your Employer Identification Number (EIN). If your EIN is 4623000 then your DSN would be ETFP.WRS.ANCV4623.

TAPE LABEL:
> A label must be properly secured to the tape and identify the following:
>> Employer Identification Number
>> Volume Serial Number
>> Data Set Name
>> Reporting Period
>> All tape qualifier information from above.

> Sample:
>> EIN = 4623000
>> Vol Str = 123456
>> DSN = ETFP.WRS.ANCV4623
>> Report Period: 10/98 Monthly or 12/31/98 Annual
>>> 1600 BPI
>>> EBCDIC
>>> 360 x 90
>>> NL

RETURNS:
> Once the tape file has been processed, annuals are kept for approximately six months and then returned to the employer. The monthly tapes are returned within a week.

1204 Specifications for Diskette Reporting

DISK FORMATS:
We can process floppy disks in the following formats:

IBM PC-DOS or MS-DOS compatible:
5.25 inches, single-sided, double-density, 160KB/180KB
5.25 inches, double-sided, double-density, 320KB/360KB
5.25 inches, high-capacity, double-density, 1.2MB
3.5 inches, double-sided, 720KB
3.5 inches, double-sided, 1.44MB

RECORDING MODE:
ASCII standard code

RECORD LENGTH:
360 bytes per record, fixed length

FILE NAME:
Use <u>WRS</u> and the first four digits of your Employer Identification Number (EIN). If your EIN is 4623000 then file name would be WRS4623.

A diskette file may consist of multiple diskettes as long as the following file name conventions are adhered to:

If a file consists of more than one diskette, the file name WRS4623 will contain a three digit numeric extension. This extension will indicate the sequence of the diskettes within the file. For example, the first diskette will be named WRS4623.001, the second diskette will be WRS4623.002 etc.

DISK LABEL:
A label must be properly secured to the diskette and show the internal file name, your employer number and reporting period (monthly, annual, etc.). Sample:

File Name   WRS4623
EIN: 4623000
Report Period: 10/1998 Monthly or 12/31/1998 Annual

WRITE-PROTECT:
All diskettes must be write-protected prior to submitting to ETF.

RETURNS:
Once the diskette files have been processed, they are held for three months and then destroyed. Diskettes will not be returned.

1205   Data Description and Format for Ongoing Transactions and Annual Reporting

Refer to the Data Type Legend at the end for further explanation.

No./Name	Positions	Length	Data Type	Description
1 Social Security Number	1-9	9	Numeric	The Social Security number of the participant. It must be numeric; an interim number of all zeroes or alphabetic characters cannot be used.
2 Social Security Number Tie Breaker	10	1	Unspecified	Leave blank. If it is necessary to use this field, please contact Dale Ferron at (608) 266-0728 for instructions/approval.
3 Employer Identification Number (EIN)	11-17	7	Numeric	The seven-digit EIN assigned by the Social Security Administration as shown on your *WRS Monthly Retirement Remittance Report*. The 69-036 prefix should not be included. For all local government employers (except Milwaukee Public Schools), the last three digits of the seven-digit EIN must be zero filled.
4 Report Date	18-25	8	Numeric	Enter the date of the payroll transaction (CCYYMMDD). See Chapters 8 and 9 for complete explanation.
5 Statement of Benefit Distribution Code	26-33	8	Unspecified	Optional. A maximum of an eight digit code to sort Statement of Benefits into the employers' desired mailing units. This field must be left justified and blank filled if less than eight digits.
6 Transaction Identifier	34	1	Alpha	Constant P.
7 Transaction Type	35-37	3	Numeric	000 Annual hours and earnings for employes not terminated or not on leave of absence. Action date should be 12/31 of the year you are reporting (CCYY/12/31). Hours and earnings must be reported.
				001 Resignation or retirement terminations.
				003 Enrolled in WRS, but is not eligible (i.e., the employe works less than 30 calendar days or is an active employe or a rehired annuitant enrolled in error). You should reimburse the employe for any WRS contributions taken as a payroll deduction. Refer to Subchapter 303 for an exception for rehiring employes.
				004 Terminated due to a non-work related illness or injury. Must be used to terminate an employe **for WRS purposes only** when ETF notifies you that the employe is approved for a WRS disability annuity.
				005 Dismissed or discharged.
				006 Termination due to an employe's death. The date of death on the death certificate must be used for the action date.
				007 Termination for a local elected official who is waiving part-time elected service for WRS purposes only. Refer to Chapter 15 for more information.

No./Name	Positions	Length	Data Type	Description
				008 Terminated due to a work-related illness or injury. Must be used to terminate an employe **for WRS purposes only** when ETF notifies you that the employe is approved for a WRS disability annuity.
				010 Changing employment category due to a <u>change in job duties</u>. This action code will terminate the old category and create the new category. Hours and earnings associated with the old category are reported with this transaction. The new category must be listed in the new employment category code column (positions 287-288). The action date is the effective date of the category change.
				022 Grievance settlement results in reporting hours, earnings and/or employe-paid contributions. Submit a copy of the settlement to ETF.
				023 Retroactive contract settlement for prior years. Enter retroactive earnings and associated employe-paid contributions with a separate entry for each affected year.
				024 Corrects previously reported hours only for prior years.
				027 Subtracts over-reported hours, earnings and/or employe-paid contributions for prior years.
				028 Employment category change reporting hours, earnings and/or employe-paid contributions for prior years.
				029 Omitted, invalid or incomplete hours, earnings and/or employe-paid contributions for prior years.
				031 Name correction or change.
				033 Begin date change.
				034 Statement of benefits code change.
				035 ETF employer number change.
				036 Sex change.
				040 Informal leave of absence with no annual earnings. Action date must be left blank and last earnings date listed. No hours and earnings are reported with this action code.
				050 Military leave of absence at yearend. Action date must be left blank and last earnings date listed. If the employe had hours and earnings for the year reported, they must be indicated.
				051 Unpaid leave of absence at yearend. Action date must be left blank and last earnings date listed. If the employe had hours and earnings for the year reported, they must be indicated.

No./Name	Positions	Length	Data Type	Description
				053 Layoff at yearend. Action date must be left blank and last earnings date listed. If the employe had hours and earnings for the year reported, they must be indicated.
				054 Leave of absence due to a non-work related illness or injury. Action date must be left blank and last earnings date listed. Once this code is reported, nothing more is reported until the employer returns to active employment or is terminated. See Subchapter 1800 relating to a leave of absence beyond three years.
				058 Leave of absence due to a work related illness or injury. Action date must be left blank and last earnings date listed. Once this code is reported, nothing more is reported until the employe returns to active employment or is terminated. See Subchapter 1800 relating to a leave of absence beyond three years.
				059 Deemed military service under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). Refer to Chapter 22 for special reporting requirements.
				060 New employe.
				063 Employment category correction.

NOTE: Transaction types 08X's should include only the difference between what was originally reported and what should have been reported. See Chapters 8 and 9 for further explanation.

No./Name	Positions	Length	Data Type	Description
				080 Correct previously submitted 000 entry on the annual report.
				081 Correct previously submitted 001 termination.
				083 Correct previously submitted 003 termination.
				084 Correct previously submitted 004 termination.
				085 Correct previously submitted 005 termination.
				086 Correct previously submitted 006 termination.
				087 Correct previously submitted 007 termination.
				088 Correct previously submitted 008 termination.
				089 Correct previously submitted 054 and 058 transactions.
8 Action Date	38-45	8	Numeric	Enter the four-digit year, month and day on which the action occurred or affects (CCYYMMDD). See Chapters 5, 8, 9 and 10 for complete explanation.
9 Last Earnings Date	46-53	8	Numeric	Must be zero filled if this transaction type does not apply. See Chapters 8 and 9 prior to use of this date (CCYYMMDD).

No./Name		Positions	Length	Data Type	Description
10	Employment Category	54-55	2	Numeric	The employment categories are:

00	General Employe
01	Court Reporter
02	State Executive Retirement Plan
03	Protective With Social Security
04	Protective Without Social Security
05	Supreme Court Justice
06	Legislator or State Constitutional Officer
07	Appellate Judge
08	Circuit Court Judge
09	Local Elected Official
10	Teacher
11	State Executive Retirement Plan Teacher
12	Educational Support Personnel

No./Name		Positions	Length	Data Type	Description
11	Employe Name Last	56-72	17	Unspecified	Employe's last name.
12	Employe Name First	73-87	15	Unspecified	Employe's first name.
13	Employe Name Middle Initial	88	1	Unspecified	Employe's middle initial.
14	Sex Indicator	89	1	Alpha	M = Male F = Female
15	Birthdate	90-97	8	Numeric	Enter the four-digit year, month and day of the employe's birthdate (CCYYMMDD).
16	Fiscal Year Hours	98-104	7	Numeric	For anyone other than teachers, judges and educational support personnel, the fiscal year data should be zero filled. FOR TEACHERS, JUDGES AND EDUCATIONAL SUPPORT PERSONNEL ONLY: The data shown in this field is the portion of fiscal year hours paid from 01-01-CCYY to 06-30-CCYY of the calendar year being reported. Report hours of service to the nearest hour. For example, 880 hours would be reported as 0088000 without the decimal point.
17	Fiscal Year Earnings	105-113	9	Numeric	For anyone other than teachers, judges and educational support personnel, the fiscal year data should be zero filled. FOR TEACHERS, JUDGES AND EDUCATIONAL SUPPORT PERSONNEL ONLY: The data shown in this field is the portion of fiscal year earnings paid from 01-01-CCYY to 06-30-CCYY of the calendar year being reported. Report earnings (dollars and cents). As an example, 13,580.64 would be reported as 001358064 without the decimal point.

No./Name		Positions	Length	Data Type	Description
18	Calendar Year Hours	114-120	7	Numeric	Calendar Year to Date: Enter the hours for which paid from 01-01-CCYY to date of 12-31-CCYY for annual transactions or the actual termination date. This applies to all employes, including fiscal year employes. Report hours of service to the nearest hour. For example, 2080 hours would be reported as 0208000 without the decimal.
19	Calendar Year Earnings	121-129	9	Numeric	Calendar Year to Date: Enter the earnings for which paid from 01-01-CCYY to date of 12-31-CCYY for annual transactions or the actual termination date. This applies to all employes including fiscal year employes. Report earnings (dollars and cents). For example, 27,161.28 would be reported as 002716128 without the decimal.
20	Employe Required Contributions Employe Paid	130-136	7	Numeric	If you do not deduct anything from the employe's paycheck for this, you must zero fill. Enter the amount of money **actually deducted** from the employe's paychecks toward the Employe Required Contributions. This amount can never exceed the maximum contribution for the category reported. Do not include the amount of Employe Required Contributions paid by the employer or the amount deducted for the Benefit Adjustment Contribution. Report contributions (dollar and cents). For example, $135.80 would be reported as 0013580 without the decimal.
21	Benefit Adjustment Contributions Employe Paid	137-143	7	Numeric	If you do not deduct anything from the employe's paycheck for this, you must zero fill. Enter the amount of money **actually deducted** from the employe's paychecks toward the Benefit Adjustment Contribution. This amount can never exceed the maximum contribution for the category reported. Do not include the amount of Benefit Adjustment Contributions paid by the employer or the amount deducted for the Employe Required Contributions. Report contributions (dollar and cents). For example, $13.58 would be reported as 0001358 without the decimal.
22	Additional Contributions Fixed	144-150	7	Numeric	Additional fixed contributions made by employe. For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
23	Additional Contributions Variable	151-157	7	Numeric	Additional variable contributions made by employe (if applicable). For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
24	Tax Deferred (Sheltered) Additional Fixed	158-164	7	Numeric	Tax deferred fixed contributions made by the employe. For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
25	Tax Deferred (Sheltered) Additional Variable	165-171	7	Numeric	Tax deferred variable contributions made by the employe (if applicable). For detailed explanation see Subchapter 1101. If nothing, must be zero filled.

No./Name		Positions	Length	Data Type	Description
26	Employer Paid Additional Fixed	172-178	7	Numeric	Additional fixed contributions paid by the employer for the employe. For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
27	Employer Paid Additional Variable	179-185	7	Numeric	Additional variable contributions paid by the employer for the employe (if applicable). For detailed explanation see Subchapter 1101. If nothing, must be zero filled.
28	Home Address Street -1	186-210	25	Unspecified	Home address for employe.
29	Home Address Street - 2	211-235	25	Unspecified	Home address for employe.
30	Home Address City	236-250	15	Unspecified	Home address for employe.
31	Home Address State	251-252	2	Alpha/Blank	Home address for employe.
32	Home Address Zip Code	253-257	5	Numeric/ Blank	Home address for employe.
33	Home Address Expanded Zip Code	258-261	4	Numeric/ Blank	This is the additional four-digit code. Include the extended four-digit code if available.
34	Home Address Foreign Country	262-271	10	Unspecified	Home address for an employe living outside the U.S. only. If it is necessary to use this field, please contact Dale Ferron at (608) 266-0728 for approval.
35	Home Address Foreign Zip Code	272-286	15	Unspecified	Home address for an employe living outside the U.S. only. If it is necessary to use this field, please contact Dale Ferron at (608) 266-0728 for approval.
36	New Employment Category	287-288	2	Numeric/ Blank	The employe's new employment category when reporting a 010 transaction. For all other transactions, leave blank.
37	Filler	289-346	58	Blank	This field must be blank.
38	Date Stamp	347-354	8	Numeric	Enter the file creation date (CCYYMMDD).
39	Time Stamp	355-360	6	Numeric	Enter the file creation time (HHMMSS).

Data Type Legend

Numeric = Field must be numeric, right justified and zero-filled if no data to report or required.

Unspecified = Any combination of characters allowed - alpha/numeric/blank.

Numeric/Blank = Field must be numeric, right justified or blank-filled if no data to report or required.

Alpha/Blank = Field must be alphabetic or blank filled if no data to report.

Blank = Field must be blank.

Alpha = Field must be alphabetic.

1206 *Electronic Reporter Transmittal* (ET-2536)

Department of Employe Trust Funds
WISCONSIN RETIREMENT SYSTEM
P. O. Box 7931 – Madison, WI 53707-7931

ELECTRONIC REPORTER TRANSMITTAL

Totals of Records Included

Check one:
☐ Transaction Report   ☐ Annual Report
☐ Late Reported Earnings

Employer Identification No.   Employer Name   Report Date

69-036-

CALENDAR YEAR-TO-DATE

Employment Category	Hours of Service	Earnings Dollars	Cents
00, 01 (Includes 12)			
02 (Includes 05, 06, 07, 08, 09)			
03			
04			
10			

EMPLOYE PAID CONTRIBUTIONS

	Employe Required Contribution		Benefit Adjustment Contribution	
	Dollars	Cents	Dollars	Cents

ADDITIONAL CONTRIBUTIONS

	Employe Paid				Employer Paid			
	Fixed Dollars	Cents	Variable Dollars	Cents	Fixed Dollars	Cents	Variable Dollars	Cents

TEACHERS
FISCAL YEAR

1-1-_____ thru 6-30-_____

Employ-ment Category	Hours of Service	Earnings Dollars	Cents
10			

TEACHERS ONLY: CALENDAR YEAR

ADDITIONAL CONTRIBUTIONS-TAX DEFERRED
1-1-_____ thru 12-31-_____

Fixed Dollars	Cents	Variable Dollars	Cents

EDUCATIONAL SUPPORT PERSONNEL
FISCAL YEAR

1-1-_____ thru 6-30-_____

Employment Category	Hours of Service	Earnings Dollars	Cents
12			

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. The totals reported here are the same as those on the magnetic media records.

Employer Agent Signature	Prepared by	Date	Area Code and Telephone No.
D.P. Contact Person	Telephone Number		

ET-2536 (REV 9/98)